



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E272798**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	13-02412
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
DATE OF COLLISION	09 - 20 - 2013
TIME (2400)	1500
COUNTY #	31
MILES	
CITY #	0664
N	<input type="checkbox"/>
E	<input type="checkbox"/>
IN	<input checked="" type="checkbox"/>
OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
17TH PL NE	BLOCK NO. <input checked="" type="checkbox"/>	12200
MILE POST		
DISTANCE		
MILES		
FEET		
OF (REFERENCE OR CROSS STREET)		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #				
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	0	NATURE OF INJURIES	
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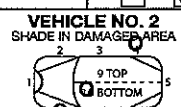
LICENSE PLATE #	AHC5808	STATE	WA	VIN#	KNDJT2A68C7381960
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	KIA	MODEL	SOUL	STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #				
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E272798**

CASE # **13-02412**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY											
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

UNIT #2 CLAIMS TO HAVE PARKED IN MARKED STALL (FACING OUT) AND THAT UNKNOWN VEHICLE PUSHED UNIT #2 BACK INTO FENCE CAUSING DAMAGE TO FRONT AND REAR OF VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN		09-28-13 11:44 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
DATED		PLACE SIGNED	
APPROVED BY		DATE	
BOB SUMMERS 079		9/26/2013 4:09:39 PM	
BADGE OR ID #	105	ORI #	WA0311900
TIME POLICE DISPATCHED		11:03 AM	
TIME POLICE ARRIVED		11:03 AM	

REPORT NO. E272798

CASE # 13-02412

DATE AND TIME
OF COLLISION 09/20/13 15:00

* NO DIAGRAM *

ACCIDENT REPORTED AWAY FROM SCENE SIX (6) DAYS LATER

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run (Unattended)	INCIDENT NUMBER 13-02412
NAME OF VICTIM(S)		

ASSIGNMENT:

On 09/26/13 at about 1100 hours, Lynn Thompson came to the Lake Stevens Police Station to report a 'Hit and Run' accident she claims occurred on 09/20/13.

STATEMENT:**Lynn Thompson**

Thompson stated that she parked her vehicle in the Lake Stevens Boat Launch Parking Lot on 09/20/13 at about 1100 hours to go fishing with her friend on Lake Stevens. Thompson stated she came back at about 1500 hours and returned home.

Thompson claims that on 09/24/13 she noticed scratches to the rear passenger side bumper of her vehicle and damage to her front driver side fender. Thompson believes the damage occurred while parked in the stall at the Boat Launch.

When asked how the vehicle was damaged in this manner Thompson stated she parked facing out in the stall and the other person must have pushed her back into the fence.

Thompson stated she took the vehicle to a "shop" and they told her that it would cost over \$2,200.00 to repair the damage.

DIGITAL IAMGES:

Digital images were taken of the vehicle and transferred to a CD and submitted into evidence as **DI-1**.

OFFICERS NOTE.

Based on my experience, the damage to Thompson vehicle is not consistent with how she believes the incident occurred. Thompson stated she is the only driver and that it was the only time the damage could have occurred.

The damage is minimal, consisting of two (2) small scratches to the rear bumper and a very minor dent to the bumper. The plastic bumper cover does appear to have two (2) small broken plastic retention clips.

For a vehicle to have pushed Thompson's vehicle into the fence, there should have been substantially more damage that viewed.

RECOMMENDATION:

There are no witnesses to incident or physical evidence that would lead to a 'Hit and Run' suspect, so based on this information I recommend that this case be closed.

DISPOSITION:

Closed

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER
D. IRWIN #105

APPROVED BY

**LSPD
ORIGINAL**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02417

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Thompson Lynn Sheryl	RACE W	ETH	SEX F	DOB 3-27-55	AGE 58	HGT 5'9"	WGT 170	HAIR B	EYES B	
STREET ADDRESS 9801 North Davies Rd		CITY Lk. Stevens		STATE WA		ZIP 98258	RES. STATUS 3 yrs				
HOME PHONE 425-334-5714		CELL PHONE		PLACE OF EMPLOYMENT PJS Leisure Travel							
WORK PHONE Same		EMAIL ADDRESS pjsleisure.travel@frontier.com									

I, Sheryl Thompson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I parked at the boat launch in downtown Lake Stevens, went fishing with a friend on the boat. I had ~~back in~~ backed in. When I returned, some one had hit my car.

arrived 11:00 Am

I parked on 9/20/2013

Returned 3:30 pm

Drivers side Fender Damage & paint scratched on passenger rear bumper

I noticed the damage on 9-24-2013 and was able to report the damage on 9/26/2013

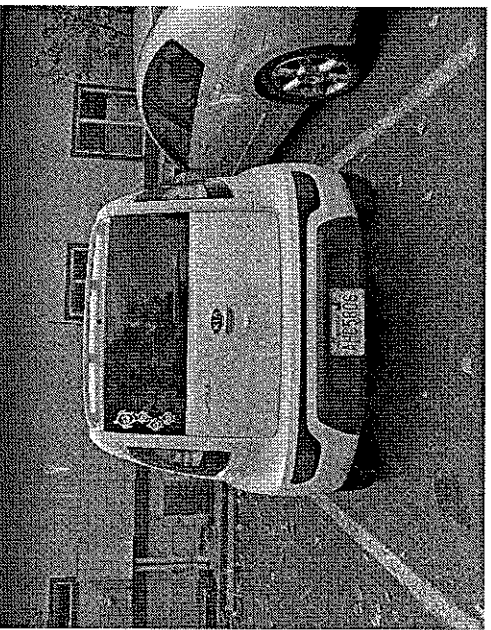
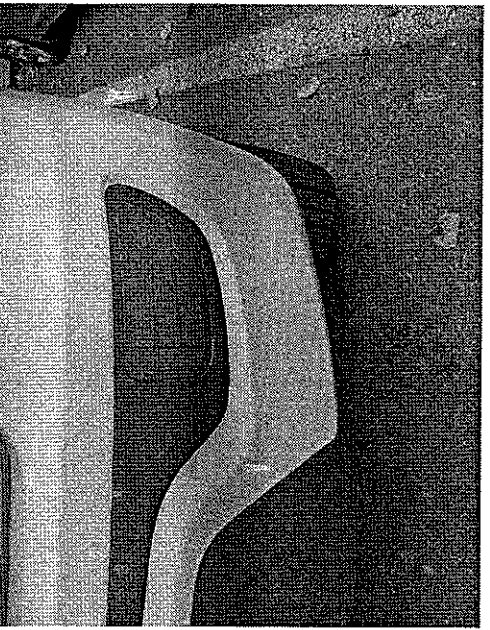
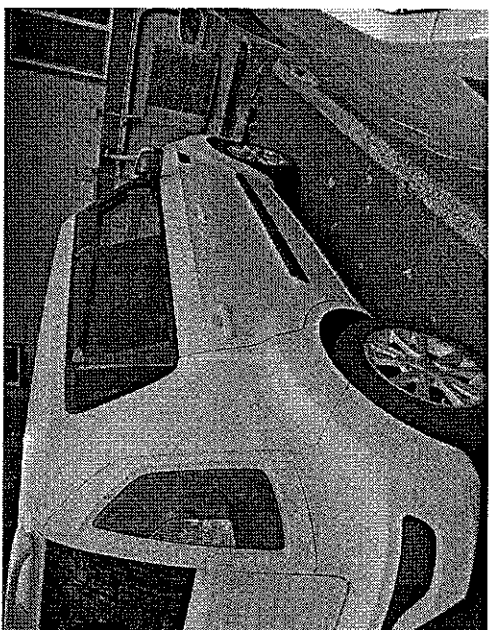
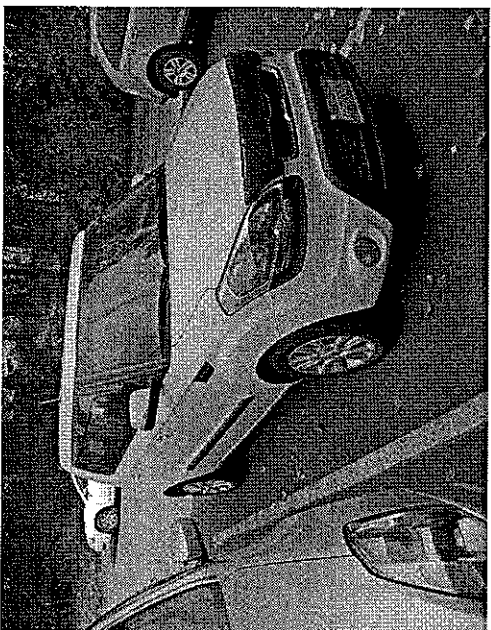
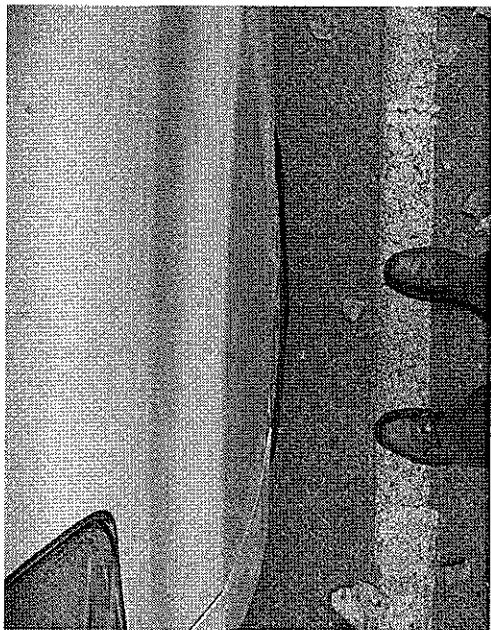
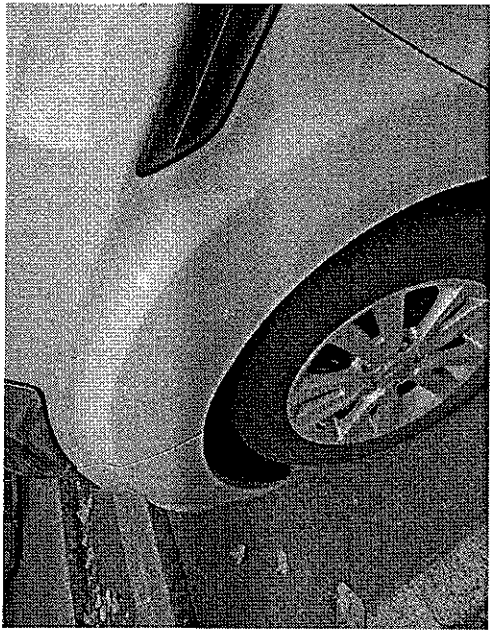
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sheryl Thompson</u>	DATE SIGNED 9/20/2013	LOCATION SIGNED LS police Dept -
OFFICER/NUMBER: <u>#105</u>	DATE SIGNED 9/26/13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number DIPWIN #105		Case Number 13-02412	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: VEH. COLLISION		Date/Time: 9/26/13	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # DI-1	Item CD	Brand Name CONTAINING DIGITAL		Storage Location	Disposition
Action # 3	Brand/Model/Caliber IMAGES OF VEHICLE DAMAGE		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked		ROUTING:
Name: _____ # _____		NCIC/WACIC + Date:	Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC - Date:	Owner Letter Sent:		Yellow: Case File



Incident History for: #SS13021474

Case Numbers: \$SS13002412

Entered 09/26/13 11:03:24 BY SPDP17 SP0360
Dispatched 09/26/13 11:03:24 BY SPDP17 SP0360
Enroute 09/26/13 11:03:24
Onscene 09/26/13 11:03:24
Closed 09/26/13 12:25:06

Initial Type: PA Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-5 Group: SS1 Beat: Src

Loc: 2211 GRADE RD , LKS -- PD LKS , LKS btwn 22 ST NE & 24 PL NE (V)

Loc Info:

Name: Addr: Phone:

/1103 (SP0360) \$OUTSRV , NO MORE INFORMATION
/1103 DISPOS SS1936 #SS105 IRWIN, OFFICER (DENNIS)
/1103 CHANGE LOC: PD, LKS --> 2211 GRADE RD , LKS,
BLK: --> SS001
/1114 ASNCAS SS1936 \$SS13002412
/1114 CHANGE TYP: PA
--> ACC
/1225 CLEAR SS1936 D/H
/1225 CLOSE SS1936

LSPD
ORIGINAL